## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours nor roomens	46.00

1331130

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Late Afternoon, LLC	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing:  New Filing Amendment	ULOE RECEIVED CO.
A. BASIC IDENTIFICATION DATA	NO MEOTIATO (B)
1. Enter the information requested about the issuer	## JUN 2 2 2805
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Late Afternoon, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Frielyding Area Code)
1675 Broderick Street, Suite 3, San Francisco, CA 94115	Telephone (Medical Anel Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The objective of the company is to produce, own and exploit a feature length motion picture	currently entitled "Late Afternoon."
Type of Business Organization  corporation limited partnership, already formed business trust limited partnership, to be formed	company
Actual or Estimated Date of Incorporation or Organization:    Month   Year	nated PROCESSE
GENERAL INSTRUCTIONS	3010 2 9 2005
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 FINANCIAL
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 200	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	

#### A. BASIC IDENTIFICATION DATA GARG.

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Full Name (Last name first, if i Blyer, Eric  Business or Residence Address 1679 Broderick Street, Suit Check Box(es) that Apply:  Full Name (Last name first, if i Bradshaw, Frazer  Business or Residence Address 1679 Brodrick Street, Suite Check Box(es) that Apply:  Full Name (Last name first, if i Business or Residence Address Check Box(es) that Apply:	(Number and ite 3, San Francisco)  Promoter  individual)  (Number and 3, San Francisco)  Promoter	Z Stree	Beneficial Owner	Z	Executive Officer	Z	Director	<b>Z</b>	General and/or Managing Partner
1679 Broderick Street, Suit Check Box(es) that Apply: Full Name (Last name first, if i Bradshaw, Frazer Business or Residence Address 1679 Brodrick Street, Suite Check Box(es) that Apply: Full Name (Last name first, if i Business or Residence Address	Promoter  (Number and 3, San Franci	Z Stree	Beneficial Owner t, City, State, Zip Co	Z	Executive Officer	Z	Director	<b>Z</b>	
Full Name (Last name first, if i Bradshaw, Frazer Business or Residence Address 1679 Brodrick Street, Suite Check Box(es) that Apply: Full Name (Last name first, if i Business or Residence Address	individual)  (Number and 3, San Franci Promoter	l Stree	t, City, State, Zip Co		Executive Officer	Z	Director	Ø	
Bradshaw, Frazer Business or Residence Address 1679 Brodrick Street, Suite Check Box(es) that Apply: Full Name (Last name first, if i	(Number and 3, San Franci			ode)					
679 Brodrick Street, Suite Check Box(es) that Apply: Full Name (Last name first, if i Business or Residence Address	3, San Franci Promoter			ode)					
Check Box(es) that Apply: Full Name (Last name first, if i Business or Residence Address	Promoter	sco, (	CA 94115						
Full Name (Last name first, if i Business or Residence Address								_	
Business or Residence Address	individual)		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
		-		, <u>-</u>					
Check Box(es) that Apply:	(Number and	Street	t, City, State, Zip Co	ode)					
	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	individual)								
Business or Residence Address	(Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	individual)								
Business or Residence Address	(Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	individual)			-				-	
Business or Residence Address	(Number and	Street	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	individual)								
Business or Residence Address									
	(Number and	Street	t, City, State, Zip Co	ode)					

		- X. j. k.			B, II	NFORMAT	ION ABOU	T OFFERI	NG				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No 🗷					
2.									\$_5,000.00				
3.								Yes <b> ■</b>	No				
4.													
	l Name ( ler, Eric	Last name	first, if indi	vidual)									
Bus	siness or '9 Brode	rick Street,	Address (N Suite 3, Sooker or Des	an Francis			Cip Code)						
Sta			Listed Has										I States
	·											All States	
	IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
	l Name (i adshaw,		first, if indi	vidual)									
Bus	iness or	Residence	Address (Net, Suite 3,				Zip Code)	<del></del>					
Nar	ne of Ass	sociated Br	oker or De	aler			<del></del>						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	" or check	individual	States)	••••		· , ,	,,	·········		Z Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	" or check	individual	States)		•••••		••••••				States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	5	\$
	Equity		\$
	✓ Common ☐ Preferred		
	Convertible Securities (including warrants)	8	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_12,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_12,000.00

	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to	gate offering price given in response to Part C — Question 1 Part C — Question 4.a. This difference is the "adjusted gross		238,000.00
5.	each of the purposes shown. If the amou	gross proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and he total of the payments listed must equal the adjusted gross se to Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>]</b> \$	
	Purchase of real estate	[	]\$	<u> </u>
	Purchase, rental or leasing and installation and equipment	on of machinery [	\$	\$
	Construction or leasing of plant building	s and facilities		S
	offering that may be used in exchange fo	g the value of securities involved in this r the assets or securities of another	¬\$	□\$
		[		
			<del></del>	<del></del>
			<del></del>	<del></del>
			\$	\$
	Column Totals	[	\$_0.00	\$_0.00
	Total Payments Listed (column totals ad-	ded)	<u> </u>	00
		D. FEDERAL SIGNATURE	3944 W.S	4
igi	nature constitutes an undertaking by the iss	ned by the undersigned duly authorized person. If this notice uer to furnish to the U.S. Securities and Exchange Commis: r non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
SSI	ner (Print or Type)	Signature	Date	
	ate Afternoon, LLC			
Lá				

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Late Afternoon, LLC		6/17/05
Name (Print or Type)	Title (Print or Type)	
George Rush	Attorne	
7		

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.